

ADMINISTRATIVE OFFICE OF THE TRIAL COURT

AUTHORIZED SIGNATORY LIST FOR INTERPRETER SERVICES

COURT NAME: _____

ADDRESS: _____

MMARS ORGANIZATION NUMBER: _____

*Please type or print the name and title of the three (3) persons authorized to complete and transmit the **Request for interpreter** form as well as verify and sign the **Interpreter Daily Service Record**.*

1. **Name:**_____ **Title:**_____

Signature:_____ Court/Office Location:_____

2. **Name:**_____ **Title:**_____

Signature:_____ Court/Office Location:_____

3. **Name:**_____ **Title:**_____

Signature:_____ Court/Office Location:_____

APPROVAL SIGNATURE

AUTHORIZED SIGNATORY: _____

Please return copies of this form to:

Administrative office of the Trial Court
Attn: Office of Court Interpreter Services
Two Center Plaza - Ninth Floor
Boston, MA 02108

AND

Massachusetts Commission
for the Deaf and Hard of Hearing
Attn: Court Interpreter Referral Specialist
210 South Street
Boston, MA 02111

June/2000